**DISTRICT COURT** 

## **COUNTY OF HENNEPIN**



## FAMILY RECORD REQUEST

Party(s) Nam	e:		
Describe the i	nformation you are	searching for:	
Requested by	:		
	Name:		
	Address:		 
	City, State, Zip:		
	Telephone:		

Mail request with fee of \$8.00 for a plain copy or \$14.00 for a certified copy per name to:

Hennepin County – Family Court Division Fourth Judicial District Family Justice Center 110 South 4<sup>th</sup> Street Suite 600 Minneapolis, MN 55401-2279

Make check payable to "District Court Administrator".